

10/31/03
#395

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of James F. KRAMER

Serial No.: 09/439,766

Examiner: Donald W. Underwood

Confirmation No.: 2089

Art Unit: 3652

Filed: November 15, 1999

For: A FORCE FEEDBACK AND TEXTURE SIMULATING INTERFACE DEVICE

U.S. Patent and Trademark Office
2011 South Clark Place
Customer Window, Mail Stop Non-Fee Amendment
Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202

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OCT 27 2003
GROUP 3600

REPLY AND AMENDMENT UNDER 37 C.F.R. 1.111

In response to the Office Action dated August 4, 2003, Applicant respectfully submits the following amendments and remarks.

Applicant does not believe that extensions of time or fees for net addition of claims are required beyond those that may otherwise be provided for in documents accompanying this paper. If additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefore (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-1283.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.



3652

Attorney Docket No. IMMR-045/04US

PATENT

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TRANSMITTAL OF DOCUMENTS

Enclosed are the following for the above-identified application:

- ☒ Reply and Amendment Under 37 C.F.R. 1.111
- ☐ Petition for Extension of Time
- ☐ Information Disclosure Statement Transmittal
- ☐ Information Disclosure Statement
- ☐ PTO/SB/08
- ☒ Return receipt postcard
- ☐ Check in the amount of \$ _____
- ☐ Please charge \$ _____ to Deposit Account No. 50-1283 for the total fee. This paper is being submitted in duplicate.

The fees have been calculated as shown below:

FOR:	Claims after - Amend.	Claims Prev. = Paid	Extra Claims ¹	Small Entity Rate Fee		Other Than a Than Small Entity Rate Fee		Total Claim Fee
Total Claims	19	27		\$9		\$18		\$0.00
Independent Claims	4	4		\$43		\$86		\$0.00
Multiple Dependent Claims Not Previously Presented				\$145		\$290		\$0.00
Other fees: (specify)								\$0.00
TOTAL								\$0.00

¹ If difference is negative, enter "0"; if Total Claims after amendment is 20 or less, enter 0; if Independent Claims after amendment is 3 or less, enter 0.

☐ A check for the total fee is attached.

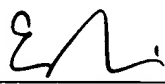
The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-1283.

Dated: October 22, 2003

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Respectfully submitted,
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By:


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